

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534087

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5		1		1		
6		2		1		
7	1		1			
8		1		1		
9		2		1		
10		2		1		
11	1		1			
12		1		1		
13		2		1		
14		0		1		
15		0		1		
16	1		1			
17		1		1		
18		2		1		
19		0		1		
20		0		1		
21		0		1		
22	1		1			
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TOTAL IND.	6	↓	4	↓		↓
TOTAL DEP.	25	←	19	←		←
TOTAL CLAIMS	31		25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						